

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4136

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>62</u>			
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CAPE GIRARDEAU</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None Family Home</u>				d. STREET ADDRESS (If rural, give location) <u>310 N. END BLVD.</u>					
3. NAME OF DECEASED (Type or Print) <u>LEE</u>		a. (First) <u>LEE</u>		b. (Middle) <u>H</u>		c. (Last) <u>SMITH</u>			
4. DATE OF DEATH <u>March 1, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED. <input type="checkbox"/> WIDOWED. <input type="checkbox"/> DIVORCED (Specify) <u>None</u>			
8. DATE OF BIRTH <u>March 10, 1877</u>		9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>11</u>		11. DAYS <u>20</u>			
12. HOURS <u></u>		13. MIN. <u></u>		14. BIRTHPLACE (State or foreign country) <u>Millersville, Missouri</u>		15. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER (Retired)</u>		17. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		18. FATHER'S NAME <u>William Smith</u>		19. MOTHER'S MAIDEN NAME <u>Annie Williams</u>			
20. NAME OF HUSBAND OR WIFE <u>EMMA SMITH</u>		21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		22. SOCIAL SECURITY NO. <u>498-10-3312</u>		23. INFORMANT'S SIGNATURE OR NAME <u>Emma Smith-Cape Girardeau Mo</u>			
24. ADDRESS <u></u>		25. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>-</u>  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  331X		26. INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>		27. DATE OF OPERATION <u></u>		28. MAJOR FINDINGS OF OPERATION <u></u>	
29. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		30. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		31. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		32. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
33. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>		34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		35. HOW DID INJURY OCCUR? <u></u>					
36. I hereby certify that I attended the deceased from <u>June</u> , 1949, to <u>Mar</u> , 1950, that I last saw the deceased alive on <u>2/28</u> , 1950, and that death occurred at <u>4:50</u> a.m., from the causes and on the date stated above.									
37. SIGNATURE <u>C. H. H. Mosey</u>		38. (Degree or title) <u>D.O.</u>		39. ADDRESS <u>Cape Girardeau Mo</u>		40. DATE SIGNED <u>3/1/50</u>			
41. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		42. DATE <u>March 4, 1950</u>		43. NAME OF CEMETERY OR CREMATORY <u>New Lorimer</u>		44. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>			
45. DATE REC'D BY LOCAL REG. <u>3-1-1950</u>		46. REGISTRAR'S SIGNATURE <u>L. C. Summers</u>		47. FUNERAL DIRECTOR'S SIGNATURE <u>Ward-Young Funeral Home</u>		48. ADDRESS <u>Cape Girardeau Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 6 1950

HEALTH OFFICE No. 4

File No. 350-300

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed

Licensed Embalmer No. 4736

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.